



SPRINGFIELD

HOSPITAL CENTER
Established 1896

Department of Psychological Services

*Doctoral Internship in
Clinical Psychology*

*Accredited by
the Commission on Accreditation of the
American Psychological Association*

Training Year 2017-2018

Brochure Updated 7/26/2016

Dear Prospective Applicant:

Thank you for your interest in the APA-Accredited Doctoral Clinical Psychology Internship at Springfield Hospital Center. This brochure describes the training program, the eligibility requirements, and the application procedures for our program. All application materials should be submitted using the online process and national match developed by the Association of Psychology Postdoctoral and Internship Centers (APPIC). Information about the online application process and registration for the national matching program can be found on the APPIC website (www.appic.org). All application materials for our program must be submitted by **11:59 PM (EST) on November 1st** for consideration.

We look forward to receiving your application. Please contact me if you have any questions or need additional information about our program.

Sincerely,
Talía Cronk, Psy.D.
Licensed Psychologist
Director of Intern Training

Email: talía.cronk@maryland.gov

Phone: 410-970-7148

The Hospital

Springfield Hospital Center (SHC) is a large state psychiatric hospital that has been in operation since 1896. It is accredited by The Joint Commission. It serves a large catchment area in the state of Maryland that includes Baltimore City, as well as Montgomery, Howard, Anne Arundel, Prince George's, and Carroll counties. The hospital currently provides treatment for approximately 230 patients. The patient population is ethnically and socioeconomically diverse and includes forensic, civilly committed, and voluntary patients. The large majority of new admissions currently are court-ordered and forensically involved. The hospital provides acute care and long-term services on various inpatient units. Located in a semi-rural area of Carroll County, the hospital's grounds afford an attractive work setting. Our proximity to major highways allows a convenient commute from a variety of urban, suburban, and rural areas, including the Baltimore and Washington, DC metropolitan areas.

Patient care is provided by multidisciplinary treatment teams composed of psychiatrists, psychologists, social workers, somatic physicians, nurses, occupational therapists, art therapists, music therapists, recreation therapists, dietitians, and activity therapists. The Forensic Service and Addiction and Trauma Recovery Service provide consultation to treatment teams. Within the Department of Psychological Services, staff psychologists draw upon a range of theoretical orientations, including psychodynamic, cognitive-behavioral, interpersonal, and integrative. Psychologists and interns conduct group therapy, crisis management, psychological assessment, individual psychotherapy, behavioral consultation, and other consultation with treatment teams. We also have a cognitive remediation program.

Hospital units are organized by program. The Acute Care Service provides shorter-term treatment for stabilization and is comprised of three admissions units and one step-down unit. The Recovery Program provides longer-term treatment for patients who require further hospital treatment. The Recovery Program, which is comprised of six inpatient units in two buildings, includes a unit with accommodations for Deaf patients and several units that participate in a building-based Treatment Mall.

Hospital staff and trainees also represent diverse individual, ethnic, and cultural backgrounds. Diversity is valued at SHC and in the internship program. Considerations of diversity are expected to be included in assessment and treatment planning, and respect for differences is one of the overall hospital goals.

The majority of our patients have forensic involvement upon admission to our facility. Patients may be, for example, court-ordered for evaluation of competency to stand trial and/or criminal responsibility, or remanded to the hospital for treatment after being found Not Criminally Responsible (NCR) due to mental illness. **While our internship remains a generalist clinical psychology training program, the majority of our patients have court involvement**, and interns at SHC have the opportunity to learn about forensic procedures and training in offering specialized treatment to this population.

The Internship

General Information and Program Resources

The internship has been continuously accredited by the American Psychological Association since 1957. The next accreditation review is scheduled for 2022. The

program is designed as a year-long, 40 hours per week clinical internship for the advanced doctoral psychology student. We currently offer three funded full-time psychology intern positions, and the internship typically begins in early September. The current annual stipend is \$28,295, though this is subject to change annually. Benefits include the accrual of 10 days of annual leave (available for use after six months of employment) and 15 days of sick leave, 9 personal days (3 available during the first three months of internship, 6 more available starting in January), 11 state holidays, and optional partially subsidized insurance (including medical, dental, prescription drugs, and vision).

At SHC, interns function as part of a multi-disciplinary team and provide a variety of clinical services, including group and individual therapy, psychological assessment, intake assessments, consultation to treatment teams, and assistance with crisis responses. In our hospital setting, group therapy is emphasized as a treatment modality. Outplacement and minor rotation opportunities (described below; see “Program Structure” section) provide focused experiences in specific clinical work and/or populations. A computer lab is dedicated to our cognitive remediation program.

The Department of Psychological Services houses a wide range of testing instruments, including the WAIS-IV, MMPI-2/MMPI-2-RF, PAI, WMS-IV, Rorschach Inkblot Test (Exner’s Comprehensive System), D-KEFS, CVLT-II, MCMI-IV, TAT, WIAT-III, TOMM, and numerous other tests. Interns have access to these materials and are provided supervision in their administration, scoring, and interpretation. Interns also have access to software that assists with scoring and interpretation of select assessment instruments.

Each intern has access to computers with word processing and spreadsheet capabilities, as well as access to the internet and the Springfield Hospital Center intranet. Clerical and administrative support is provided by our department secretary.

Springfield Hospital Center also has an extensive library that contains psychiatric and psychological references, videos series, and books of a general nature. Additionally, interns have free access to a vast array of professional journal articles through the Maryland Department of Mental Health and Hygiene Online Library. The department’s Internship Library includes a number of texts, journal articles, and other reference materials that have been carefully selected to enhance interns’ competency development and to support their clinical work during internship. Interns are encouraged to make use of all of these resources throughout the training year to expand their understanding of the current scientific knowledge to inform their clinical work.

Training Model and Competency Goals

The psychology internship at Springfield Hospital Center implements the practitioner-scholar model. The curriculum is designed to integrate psychological knowledge with clinical practice and to continue the development of skills, as well as to further develop interns’ ability to evaluate effectiveness of interventions. Development of competencies is facilitated through supervised practice, application of scientific knowledge and models of practice, didactic experiences, and consuming the professional literature in keeping with the practitioner-scholar model.

We work with interns, incorporating individual goals, interests, and training needs, to design a learning experience that develops critical competencies and fosters their development as psychologists. Within the practitioner-scholar model, the internship training program has a developmental teaching approach that emphasizes a mentorship supervisory relationship and

allows for a gradual development of increased autonomy as the training year progresses. Supervisors act as professional role models for interns. In addition to co-leading groups, interns accompany supervisors to team meetings, community meetings, and consultations. By working closely on a unit with their supervisor, interns have opportunities to observe their supervisors in various clinical and professional situations, and to further develop their own professional identity.

Interns receive ongoing supervision for all of their clinical work. At least four hours of individual supervision is scheduled weekly. Interns are expected to be proactive in their use of supervision, reflecting both self-awareness and an understanding that each person influences the therapeutic process in a unique way. Interns are also expected to discuss the supervision process and clinical decision-making with their supervisors.

Interns are expected to be aware of their strengths and weaknesses, as well as when to seek out additional supervision, further learning, and/or personal psychotherapy if clinical functioning might be compromised. Interns are expected to be open in supervision, sharing their successes and difficulties with their supervisors. In addition, interns must be willing to consider constructive feedback in supervision.

Though interns at Springfield Hospital Center typically do not provide formal clinical supervision themselves, interns will receive didactic training in supervision and will be encouraged to discuss the supervisory process and decision-making with their supervisors. Interns will also have the opportunity to practice their consultation and supervisory skills during a case conceptualization seminar in which each participant acts as consultant for a peer on a psychotherapy case, as well as consulting with one another in group supervision for assessment that augments individual assessment supervision.

Clinical experiences become more complex as the year progresses. The overall goal of the internship is to produce graduating interns ready for practice as entry-level professionals who are sensitive to diversity, ethical, and aware of their competencies. By the completion of the internship year, interns should demonstrate intermediate to advanced skills and knowledge in the following areas:

Intern Competency Goals and Objectives

The training program strives to reach these training goals and objectives by creating a supportive yet challenging learning environment, providing substantial timely feedback, respecting each intern's strengths, and recognizing each intern's unique training needs. Interns are expected and encouraged to work with supervisors and the Director of Intern Training to address competency or skill areas in which further development is needed or desired. The following are the competence goals and objectives for psychology interns at Springfield Hospital Center:

I. Goal: Competence in Research

A. Objective: Seeks and Applies Current Scientific Knowledge

Displays necessary self-direction in gathering clinical and research information to support clinical practice independently and competently. Seeks out current scientific knowledge as needed to enhance clinical practice.

B. Objective: Critically Evaluates and Disseminates Research

Demonstrates the ability to critically review research and literature and disseminates the research

verbally or in writing.

C. Objective: Program Evaluation Knowledge and Skills

Demonstrates good knowledge of theory and techniques for program evaluation.

II. Goal: Competence in Ethical and Legal Standards

A. Objective: Knowledge and Application of Ethics and Law

Demonstrates good knowledge of APA Ethical Principles and Code of Conduct and relevant professional standards and guidelines. Demonstrates knowledge and acts in accordance with relevant laws, regulations, rules, and policies at the organizational, local, state, regional, and federal levels. Consistently applies these appropriately, seeking consultation as needed. Adheres to principles and laws regarding confidentiality.

III. Goal: Competence in Individual and Cultural Diversity

A. Objective: Awareness of Cultural Factors and Sensitivity to Diversity

Sensitive to cultural and individual diversity of clients/patients and staff in the work setting. Aware of own background and its potential impact on others. Committed to providing culturally-sensitive services.

B. Objective: Knowledge of Current Theories and Research Regarding Diversity

Aware of and implements theoretical and empirical knowledge of diversity in professional activities such as training, supervision, and service to patients.

C. Objective: Cultural Competence with Current Client Population(s)

Demonstrates and applies understanding of cultural factors likely to apply to current client population(s) and/or clinical setting. Integrates this knowledge into clinical work. Uses supervision, consultation, and other learning resources appropriately to increase knowledge base in this area.

IV. Goal: Competence in Professional Values and Attitudes

A. Objective: Professional Behaviors and Professional Growth

Behaves in ways that align with values and attitudes of psychology. Engages in self-reflection regarding personal and professional functioning, actively working to maintain and improve performance, well-being, and professional effectiveness.

B. Objective: Efficiency and Time Management

Responsibly performs patient care tasks and documentation within appropriate timeframe. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

C. Objective: Uses Positive Coping Strategies

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

V. Goal: Competence in Communication and Interpersonal Skills

A. Objective: Professional Interpersonal Behavior

Professional and appropriate interactions with treatment teams, peers, hospital staff, and supervisors. Seeks peer support as needed.

B. Objective: Documentation

Completes required documentation as directed by clinical need, policy and/or supervisor. Documentation includes required and relevant information and is consistent with relevant policies and guidelines regarding content, format, legibility, and frequency.

VI. Goal: Competence in Assessment

A. Objective: Diagnostic Skill

Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM classification. Utilizes historical, interview and psychometric data to diagnose accurately.

B. Objective: Psychological Test Administration, Scoring, and Interpretation – Intellectual Functioning

Proficiently selects, administers, scores and interprets commonly used tests of intellectual functioning in his/her area of practice. Factors that might affect data interpretation (cultural factors, education, medical issues, etc.) are considered and integrated into conclusions.

C. Objective: Psychological Test Administration, Scoring, and Interpretation – Personality/Emotional Functioning

Proficiently selects, administers, scores and interprets commonly used tests of personality/emotional functioning in his/her area of practice. Factors that might affect data interpretation (cultural factors, education, medical issues, etc.) are considered and integrated into conclusions.

D. Objective: Assessment Writing Skills

Writes a well-organized psychological report that answers the referral question(s) clearly and provides recommendations as appropriate.

E. Objective: Feedback to Client and Others Regarding Assessment

Plans and carries out a useful feedback session. Explains the test results in terms appropriate to the target audience. Provides suitable recommendations and responds to issues raised by recipients of feedback.

VII. Goal: Competence in Intervention

A. Objective: Risk Management

Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to

make appropriate short-term safety plans, and intensify treatment as needed.

B. Objective: Rapport Building with Clients, Colleagues, and Others

Consistently achieves a good rapport with recipients of services/assessment. Develops professional relationships with staff. Interacts appropriately in professional and clinical contacts. Seeks consultation/supervision when own emotional reactions might affect these interactions.

C. Objective: Case Conceptualization and Treatment Goals

Demonstrates understanding of major theoretical orientations and develops a solid conceptualization based on own preferred model(s). Integrates knowledge from research/the current literature regarding evidenced-based practices. Collaborates with patient to form appropriate treatment goals.

D. Objective: Therapeutic Interventions

Interventions are well-timed, effective and, when appropriate, consistent with empirically-supported treatments.

E. Objective: Group Therapy Skills and Preparation

Intervenes in group skillfully, attends to member participation, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks. Works well with group co-leaders.

F. Objective: Intervention Outcome Evaluation Knowledge and Skills

Demonstrates good knowledge and application of treatment outcome evaluation.

VIII. Goal: Competence in Supervision

A. Objective: Supervisory Knowledge

Demonstrates good knowledge of supervision techniques and can identify supervisory themes/issues in their own supervision and when applicable, in group discussions with other trainees. Appropriately provides other trainees with feedback during case presentations and other group training activities.

B. Objective: Use of Consultation/Supervision

Seeks consultation or supervision as needed and uses it productively. Good awareness of own strengths and weaknesses.

IX. Goal: Competence in Consultation and Interprofessional/Interdisciplinary Skills

A. Objective: Consultation Knowledge and Skills

Gives the appropriate level of input when providing consultation to other disciplines and services, taking into account their level of knowledge about psychological theories, methods and principles. Incorporates appropriate information about the patient/client into conceptualization and recommendations.

Program Structure

Following a department and hospital orientation, interns will meet potential supervisors, and rotations will be determined with input from the interns and program faculty. Interns complete six- or twelve-month rotations as available on hospital units. Unit supervisors oversee the intern's intervention work and other unit responsibilities; they also co-lead group therapy with interns. Interns will also be assigned an assessment supervisor with whom they will meet at least weekly. Efforts will be made to ensure a variety of assessment cases, both in terms of referral questions as well as functional level of the patient. Interns will also take part in treating patients in our cognitive remediation lab through the entire internship year. Further, interns will develop and implement their own therapy groups with guidance of a group therapy seminar.

Interns have an opportunity to spend one day each week throughout the internship year in an outplacement with Springfield Hospital Center's Office of Forensic Services. This outplacement is offered to round out the intern's experience. Each intern will receive high-quality training and at least one hour a week of individual supervision with a licensed psychologist within that department. The following is a description of the outplacement which is currently anticipated to be offered (subject to change depending on supervisor availability):

Office of Forensic Services, Springfield Hospital Center

During this rotation, interns focus on learning how to conduct court-ordered evaluations of competency to stand trial and criminal responsibility. If desired, risk assessments may also be a component of the training received. Interns will have the opportunity to accompany psychologists to court and observe the legal arena and expert testimony. Time permitting, interns may also participate in the forensic psychology didactic training. Supervision is provided by a psychologist in the SHC Office of Forensic Services.

As an alternative to the outplacement opportunity, internal minor rotations have been designed on occasion as available to provide interns with additional training in a particular area of interest or to provide cross-program training for an intern who completes their major rotations in one program. For example, in previous years interns who completed year-long rotations on an admissions unit also completed an internal minor rotation one day a week in the Recovery Program. An internal minor rotation in trauma recovery services has also been offered. Internal minor rotations are subject to availability of supervision by a licensed psychologist within the Department of Psychological Services.

We strive to offer a training program that builds upon each intern's skills and goals; therefore there may be some flexibility in the selection and structure of rotations and placements.

T raining Seminars

An extensive series of training seminars is offered to further facilitate learning. Interns attend formal seminars throughout the training year, including an extended group therapy seminar, didactic and practical experience in program evaluation, and a series of seminars relating to psychological assessment. These seminars are designed to enhance the competency development of interns. Attention to factors of diversity and recent findings from the clinical/scientific literature is integrated into seminars offered; several seminars are also designed specifically to increase awareness and sensitivity to diversity as well as competence in working with special populations. Several of our seminar leaders have established a national reputation or written major texts in their areas of expertise. Others have served in leadership roles in professional organizations.

The following seminar topics were offered during the 2015-2016 internship year:

- Cognitive Remediation at Springfield Hospital Center
- Introduction to Forensic Psychology
- Legal Issues for Psychologists
- Legal Issues for Psychologists, Part II
- Early Career Issues for Psychologists
- Culturally Competent Psychotherapy with Clients of African Descent
- Theories and Principles of Supervision
- Assessing Disorders with Psychosis Features (With a Focus on Schizophrenia, Bipolar Disorder, and Trauma/Abuse Issues)
- Psychopathy: A Glimpse into the Dark Side of Humanity
- Siblings as Caregivers for Adults with Severe Mental Illness
- Working with Individuals who are Gay, Lesbian, or Bisexual
- Paraphilias
- Understanding Correctional Culture
- Clinical Work with Older Adults
- Biopsychosocial Perspectives on Working with Deaf and Hard of Hearing Adults
- Working with the Suicidal Patient: Assessment, Treatment, and Risk Management
- Working with Ethnic and Sexual Minorities within the Arab Immigrant Population in the U.S.
- Acceptance and Commitment Therapy
- Female Sex Offenders
- Substance Use: In Search of a More Correct State of Mind
- Internship Selection Seminar
- Supervision Seminar

Extended Seminar Series:

- Group Therapy
- Professional Development Group
- Program Evaluation Seminar
- Case Conceptualization Seminar

Assessment Series:

- Ethics and Diversity in Assessment
- Introduction to the Rorschach Performance Assessment System (R-PAS)
- MCMI-III
- WAIS-IV and WASI-II: Beyond the Basics
- Rorschach Inkblot Test—Scoring and Interpretation using the Comprehensive System
- Introduction to Assessment of Memory
- Assessment of Malingering

The hospital also hosts a regular Psychiatric Grand Rounds that has featured speakers from prestigious institutions such as The Johns Hopkins University, The National Institute of Mental Health, and Sheppard and Enoch Pratt Hospital. Each program within the hospital also holds a monthly case conference to discuss clinical challenges, multidisciplinary evidence-based treatment options for patients with severe and persistent mental illness, discharge planning, and treatment recommendations.

Interns have the opportunity to present to the Department of Psychological Services on a topic of their choice near the end of the training year to share their own expertise and to further their professional development.

A monthly Professional Development Group allows the intern cohort, together with an outside consultant with expertise in internship training, professional development, and group dynamics, to discuss their own experiences and professional growth during the internship year in a non-evaluative context.

Evaluations and Successful Completion of the Internship Program

The progress of interns is closely monitored during the internship year. Feedback is continuously provided by supervisors to interns through discussion in supervision sessions. The Director discusses progress with each intern on at least a monthly basis. Interns complete a self-evaluation of their goals and progress at several points during the internship. Formal written evaluations of interns' competencies will be completed quarterly by supervisors. Interns have the opportunity to read and discuss their supervisors' evaluations. The interns also complete an evaluation of each supervisor at the mid-point and end of the training year. The Director of Intern Training provides a summary of the intern's progress to the intern's doctoral program after six months and at the end of the year as well as completing any additional evaluation requirements of the intern's doctoral program. Successful completion of the internship requires demonstration of expected competencies as well as completion of at least 1750 internship hours. Upon successful completion of the internship, the intern receives a Certificate of Completion.

Staff Psychologists

There are currently 7 full-time and 3 half-time psychologists in the Department of Psychological Services. We are expecting to fill 3 additional full-time psychologist vacancies as well. Staff psychologists are assigned to various units or programs and are administratively responsible to the Director of Psychological Services and to a Unit Director. There exists a wide range of theoretical orientations and interests among the staff. While not all staff psychologists are available to provide supervision, interns interact with psychology staff in a number of ways during the internship year (e.g., staff meetings, seminars, consulting for assessment referrals, etc.). The following is a list of current staff in the Department of Psychological Services:

Director of Psychological Services

Robert Levin, Ph. D., Vanderbilt University, 1983.

Primary Theoretical Orientation: Cognitive-Behavioral

Areas of interest: Group therapy, personality disorders, administration.

Director of Intern Training

Talia Cronk, Psy. D., American School of Professional Psychology at Argosy University, Washington DC, 2010

(see full listing below, under Recovery Program)

Acute Care Program

Robert W. Kinsey, Psy. D., Antioch University, 1999.

Primary Theoretical Orientation: Mindfulness Based Cognitive Therapy

Area of interest: Forensic treatment.

Murugi Mungai-Kamau, Ph. D., Howard University, 1997.

Primary Theoretical Orientation: Contextual

Areas of interest: Forensics, childhood trauma, rehabilitation, and research.

Francoise Reynolds, Ph. D., Catholic University, 1990.

Primary Theoretical Orientation: Integrative

Areas of interest: Suicidology, group therapy, patient empowerment, supervision.

John Zager, Ph. D., University of Maryland, College Park, 1982.

Primary Theoretical Orientation: Psychodynamic

Areas of interest: Integration of the forgiveness literature into the practice of individual and group psychotherapy.

The Recovery Program

Talia Cronk, Psy. D., American School of Professional Psychology at Argosy University, Washington DC, 2010

Primary Theoretical Orientation: Integrative (Acceptance and Commitment, Psychodynamic, and Cognitive-Behavioral)

Areas of interest: Trauma, individual and group therapy, mindfulness, and psychological assessment

JoAnn Mackinson, Ph. D., Gallaudet University, 1996.

Primary Theoretical Orientation: Eclectic with an existential/psychodynamic emphasis

Areas of interest: Attachment theory, social skills training, adaptive techniques for stress management and coping, creative modalities. Provides specialized services for Deaf patients.

Carly Pranger, Psy. D., Florida Institute of Technology, 2002.

Primary Theoretical Orientation: Eclectic (REBT, Reality Therapy)

Areas of interest: Behavior analysis and modification, forensics/criminal psychology.

Manuel T. Raposo, Ph. D., Howard University, 2001.

Primary Theoretical Orientation: Cognitive-Behavioral & Integrative (Including dynamic and reality).

Areas of interest: Stress and coping, psycho-diagnostics, therapy and research.

Cheryl Zwart, Ph. D., State University of New York at Binghamton, 1981.

Primary Theoretical Orientation: Integrative, including psychodynamic and cognitive-behavioral

Areas of interest: Long-term individual therapy and group therapy.

A

pplication Procedures

All application materials for our program must be submitted by 11:59 PM (EST) on November 1st for consideration.

A. The following are the minimum requirements that MUST be met for consideration of an applicant for the SHC internship program:

1. Matriculation in an APA- or CPA-accredited doctoral program in Clinical or Counseling Psychology (or a combined program that includes one of these areas of emphasis).
2. Minimum of three years completed in graduate study of psychology. Time spent in terminal Master's programs in psychology will be considered.
3. Minimum 500 hours total documented supervised face-to-face intervention and assessment hours during doctoral study. Hours accrued during terminal Master's study will be considered if certified by your DCT.
 - a. Minimum 300 hours must be face-to-face intervention
 - b. Minimum 75 hours must be face-to-face assessment work
4. Dissertation proposal (or equivalent requirement) approved by application deadline.
5. Comprehensive exams passed by application deadline.

In addition, strong applicants will have:

- ✓ Courses in the following areas:
 - Assessment
 - Personality Theory
 - Psychopathology
 - Principles of Psychotherapy/Intervention
- ✓ At least one semester of supervised practicum experience in psychological testing and two semesters of supervised practicum experience in psychotherapy.
- ✓ Substantial clinical experience working with an adult population
- ✓ Training/clinical experience with and the ability to independently administer Wechsler scales of intelligence, major objective personality tests, and the Rorschach Inkblot Test (Comprehensive System).

B. Application:

Springfield Hospital Center uses the online application process developed by Association of Psychology Postdoctoral and Internship Centers (APPIC):

- ☐ AAPI Online (Available at <http://www.appic.org/>), including:
 - Cover letter
 - Curriculum Vitae
 - Application (including Director of Training's verification)
 - Official graduate school transcripts

- Three letters of reference from psychologists acquainted with the applicant's clinical work.
- Springfield Hospital Center also requires supplemental material that should be submitted online with the application:
 - A recent comprehensive psychological test report

The preferred work sample would be a report for a comprehensive adult evaluation that includes intellectual assessment, objective personality measure(s), and the use of the Rorschach and/or other projective techniques. *All potentially identifying client information must be completely removed from reports before submission.* This report should represent actual clinical work completed by the applicant (e.g., not based on testing activities for coursework). While it is expected that a clinical supervisor will have had input on the report, the work sample should be one completed primarily by the individual applicant as a representative work sample.

C. Selection Process:

Applicants are strongly advised to complete the application process as early as possible. **Final deadline for receipt of all materials is 11:59 PM (EST) on November 1st**

Based on an initial review of applicants' credentials and application materials, selected candidates will be invited for an interview (invitations will go out on or before December 9). Interviewing in person is strongly preferred, but telephone interviews will be conducted when necessary. Applicants not invited for an interview will be informed by December 9 and will no longer be considered for the upcoming internship year.

The Maryland Department of Health and Mental Hygiene (DHMH) does not discriminate on the basis of race, color, sex, national origin or disability in the operation and administration of its services, facilities, programs, benefits, and employment opportunities. Our program is committed to providing an inclusive and welcoming environment for all members of our staff, trainees, and clients.

The internship program is committed to providing access for all people with disabilities and will provide reasonable accommodations with sufficient advanced notice. If invited for interview, please notify the program of requests for accommodations when you schedule your interview.

If you have questions about the application process, please contact Dr. Talia Cronk by phone at 410-970-7148 or e-mail: Talia.Cronk@maryland.gov.

D. Notification and Acceptance Procedures:

Springfield Hospital Center is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adheres to all APPIC guidelines for notification and acceptance procedures, as published annually by APPIC. We participate in the national match program. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

After matching to the program and prior to beginning the internship, incoming interns are required to complete an application for employment with the State of Maryland and are required to have a pre-employment physical, TB testing, and a criminal background check. Outside placements may have additional employment requirements for participation in their settings.

Interns are required to maintain their own malpractice insurance during the internship year. Some graduate programs provide malpractice insurance for their students. Please check with your school to determine their policy. You will need to provide a copy of your Certificate of Liability Insurance prior to beginning the internship.

Springfield Hospital Center

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1-800-333-7564 TTY: 1-800-249-4347

Paula Langmead, Chief Executive Officer

Jo Hall, M.D., Interim Clinical Director

Talia Cronk, Psy.D.
Director of Intern Training
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State of Maryland

Larry J. Hogan, Jr., Governor

Department of Health and Mental Hygiene
Van T. Mitchell, Secretary

Behavioral Health Administration
Barbara J. Bazron, Ph.D., Executive Director

**Questions related to the program's accredited status should be
directed to the Commission on Accreditation:**

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, N.E.
Washington, DC 20002
Phone: 202-336-5979/Email: apaaccred@apa.org
www.apa.org/ed/accreditation